

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026669

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No. _____

Registrar's No. 76

FILED AUG 14 1962

1. PLACE OF DEATH

a. COUNTY Gentryb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN AlbanyLength of stay in lb
9 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Gentry Co. Memorial Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Gentryc. CITY OR TOWN StanberryInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
North WillowReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First GraceMiddle ElizabethLast Ward

4. DATE OF DEATH

Month AugustDay 2Year 19625. SEX female6. COLOR OR RACE white7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH 1-5-18929. AGE (last birthday) 70IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
nurse's aid10b. KIND OF BUSINESS OR INDUSTRY
nursing home11. BIRTHPLACE (City and state or country)
Stanberry, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George Floyd

13b. MOTHER'S MAIDEN NAME

Lea Etta Kiser

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT

Address

Mrs. Merlin Collingsworth, Stanberry Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CONGESTIVE HEART FAILUREINTERVAL BETWEEN ONSET AND DEATH
2 WEEKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ASCITES AND LIVER METASTASIS

DUE TO (c)

CARCINOMA of the OVARYPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)
none

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 25, 1962 to Aug. 2, 1962 and last saw her alive on AUG. 2, 1962
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE Aug. 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BurialHigh Ridge CemeteryStanberryMissouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Johnson Funeral Homes, Stanberry, Mo.8-5-62Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/591 03802 038034 15 267 08 29 1750101112 2-013 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lars Evan Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.